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PTO/SB/21 (09-04)
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TRANSMITTAL FORM			пррасилат топпо-	09/944,511							
			Filing Date		August 31, 2001						
			First Named Inventor	David A. Lomas							
			Art Unit	1764							
			Examiner Name	Walter D. Griffin							
(to be used for all correspondence after initial filing)			Attorney Docket Number	106287							
Total Number of Pages In This Submission											
ENCLOSURES (Check all that apply) After Allowance Communication to TC											
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			rawing(s) Icensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Perminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Corks	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brier) Proprietary Information Status Letter Other Enclosure(s) (please Identication): "Credit Card Payment Form (PTO-2)		ornmunication to Board s and Interferences ommunication to TC otice, Brief, Reply Brief) ry Information etter closure(s) (please Identify					
	SIGN	ATURE C	OF APPLICANT, ATT	ORNEY,	OR AGE	NT					
Firm Name	UOP LLC										
Signature		Part									
Printed name	Jan- C	(asto	~								
Date	James C. Paschall			Reg. No.	36,88	7					
Date	July 1, 2005										
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the date shown to	pelow:										
			McJadden_			Date	July 1, 2005				
Typed or printed	name Geralyn M.W	cFadden									

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PTO/SB/17 (12-04)
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			Complete if Known						
Effective	4. ns Act, 2005 (H.R. 4818).		09/944,511						
FEE TRANSMITTAL			Application Number	August 31,					
LEE IN	41101	Altiture	Filing Date First Named Inventor	David A. L.					
For	FY 20	U O	Examiner Name	Walter D.					
Applicant claims small e	ntity status.	See 37 CFR 1.27		1764					
			Art Unit	106287					
TOTAL AMOUNT OF PAYM	ENT (\$)	120	Attorney Docket No.	10020					
METHOD OF PAYMENT	(check all t	hat apply)			· ·				
Check X Credit Card Money Order None Other (please identify):									
Deposit Account De	posit Account	Number	Deposit Account 1						
For the above-identifi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
under 37 CFR Lunder 37 CFR	1.16 and 1.1 form may be	7 come public. Credit card	Information should not be i	ncluded on this	form. Provide credit card				
Information and authorization	on PTO-2038.								
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND E FILING F	XAMINATION FEES	3 ARCH FEES EX	MINATION	FEES				
	S	mall Entity	Small Entity	Small E	ntity Food Paid (\$)				
Application Type	Fee (\$)		<u> </u>	99 (\$) Fee (200 100	<u></u>				
Utility	300	150 50	- 250 -	30 65					
Design	200	100 10		160 80	1				
Plant	200	100 30	150	600 300	Y				
Reissue	300	150 50	250	0 0	t .				
Provisional	200	100	0 0	0 0	Small Entity				
2. EXCESS CLAIM FEE					Fee (\$) Fee (\$)				
Fee Description Each claim over 20 or, fe	or Reissues,	each claim over 20	and more than in the or	riginal patent	50 25				
Each independent claim	over 3 or, f	or Reissues, each ind	lependent claim more t	han in the on	360 180				
Multiple dependent clair	ns			ıltiple Depend					
Total Claims - 20 or HP =	Extra Claim	x \$50 = _		Fee (\$)	Fee Paid (\$)				
HP = highest number of total	claims paid fo	r, if greater than 20	ion Bold /\$\						
Indep. Claims - 3 or HP =	Extra Claim	<u>s Fee(\$)</u> <u>F</u> × _\$200 = _	ee Paid (\$)						
HP = highest number of inde	pendent claims	paid for, if greater than 3							
			c 411i-ation	oiga faa dua	ie \$250 (\$125 for small entity)				
If the specification and drawings exceed 100 sheets of paper, the application size for the is 250 (412)(1)(G) and 37 CFR 1.16(s).									
Esten Shaato Number of excil suglifolial 50 of fluorest states									
- 100 =	<u></u>	/ 50 =	(round up to a whol	e number) x	=				
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: Fee Code 1251 (Extension for response within first month) \$120									
SUBMITTED BY		Porte	Registration No.	36,887	Telephone (847) 391-2051				
Signature	suc c l		(Attorney/Agent)		Date July 1, 2005				
Name (Print/Type) Jarbe	s C. Pascha	3N			the which is to file (and by the				

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